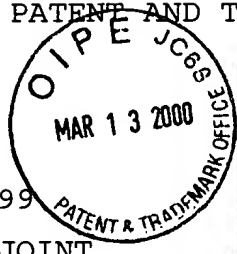


GP 3733

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Stark et al.  
Serial No.: 09/382,433  
Filed : August 25, 1999  
For : ORTHOSES FOR JOINT  
REHABILITATION  
Docket No.: I19.12-0010



#3/suppl.  
I.D.S.

Group Art Unit: 3733  
Examiner:

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Assistant Commissioner for Patents  
Washington, D.C. 20231

I HEREBY CERTIFY THAT THIS PAPER IS  
BEING SENT BY U.S. MAIL, FIRST  
CLASS, TO THE ASSISTANT  
COMMISSIONER FOR PATENTS,  
WASHINGTON, D.C. 20231. THIS

03 DAY OF March, 2000.  
*Robert D. Boudi*  
PATENT ATTORNEY

Sir:

The patents or publications listed on the enclosed PTO Form-1449 are submitted pursuant to 37 CFR § 1.97. Copies of the patents or publications cited are enclosed.

TIME OF FILING

The information disclosure statement is being filed:

1.   X   with the application or within three months of the filing date of the application or date of entry into the national stage of an international application or before the mailing date of a first Office action on the merits, whichever event occurs last. In accordance with 37 CFR § 1.97(b), no certification or fee is required.
2.        after the time period specified in paragraph 1 above, but before the mailing date of a final action under 37 CFR § 1.113 or notice of allowance under 37 CFR § 1.311. Therefore, in accordance with 37 CFR § 1.97(c), submitted herewith is:

(check either A or B below)

- A.        a certification as specified in 37 CFR § 1.97(e).

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- B. \_\_\_\_ the fee set forth in 37 CFR § 1.17(p) for submission of an information disclosure statement under 37 CFR § 1.97(c).
3. \_\_\_\_ after the mailing date of either a final action under 37 CFR § 1.113 or a notice of allowance under 37 CFR § 1.311, whichever occurs first, but before payment of the issue fee. Therefore, Applicant submits herewith:
- A. a certification as specified in 37 CFR § 1.97(e);
  - B. the petition fee set forth in 37 CFR § 1.17(i); and
  - C. the accompanying petition under 37 CFR § 1.97(d).

**METHOD OF PAYMENT**

  X   No fee is required.

       Attached is a check in the amount of \$\_\_\_\_.

The Commissioner is authorized to charge any fee deficiency required by this paper or credit any overpayment to Deposit Account No. 23-1123. A duplicate copy of this communication is enclosed.

Respectfully submitted,

WESTMAN, CHAMPLIN & KELLY, P.A.

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PSD:nw